

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Delta Airlines</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 05 / 2016</b>		
Mailing Address 1030 Delta Blvd			Amount <b>3750.00</b>		
City Atlanta	State GA	Zip Code 30354	Transaction ID : <b>SE.6870</b>		
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 05 / 2016</b>		
Name of Federal Candidate LOVE, MIA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>04</b> State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Delta Airlines</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 05 / 2016</b>		
Mailing Address 1030 Delta Blvd			Amount <b>3750.00</b>		
City Atlanta	State GA	Zip Code 30354	Transaction ID : <b>SE.6872</b>		
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 05 / 2016</b>		
Name of Federal Candidate LEE, MIKE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**11 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Enterprise Rent a Car</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>843 State Street</b>		Amount <b>5000.00</b>	
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84111</b>	Transaction ID : <b>SE.6857</b>
Purpose of Expenditure Van Rental for canvassing deployment 11/5-11/6		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>LOVE, MIA, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Enterprise Rent a Car</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>843 State Street</b>		Amount <b>5000.00</b>	
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84111</b>	Transaction ID : <b>SE.6859</b>
Purpose of Expenditure Van Rental for canvassing deployment 11/5-11/6		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>LEE, MIKE, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>10000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	3	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hyatt House Sandy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>9685 S Monroe St</b>		Amount <b>8750.00</b>	
City <b>Sandy</b>	State <b>UT</b>	Zip Code <b>84070</b>	Transaction ID : <b>SE.6851</b>
Purpose of Expenditure Lodging for canvassing deployment 11/5-11/6		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>LOVE, MIA, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>40641.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Hyatt House Sandy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>9685 S Monroe St</b>		Amount <b>8750.00</b>	
City <b>Sandy</b>	State <b>UT</b>	Zip Code <b>84070</b>	Transaction ID : <b>SE.6854</b>
Purpose of Expenditure Loding for canvassing deployment 11/5-11/6		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>LEE, MIKE, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>8750.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>17500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>Orbitz</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 500 W. Madison St Suite 1000		Amount <table border="1" style="display:inline-table; margin:0 5px;">3750.00</table>	
City Chicago	State IL	Zip Code 60661	Transaction ID : <b>SE.6866</b>
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/Type <table border="1" style="display:inline-table; margin:0 5px;">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>
Name of Federal Candidate LOVE, MIA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">53141.32</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Orbitz</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 500 W. Madison St Suite 1000		Amount <table border="1" style="display:inline-table; margin:0 5px;">3750.00</table>	
City Chicago	State IL	Zip Code 60661	Transaction ID : <b>SE.6868</b>
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/Type <table border="1" style="display:inline-table; margin:0 5px;">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>
Name of Federal Candidate LEE, MIKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">21250.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">7500.00</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

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Buchanan, Emily, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 5 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Priceline.com</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> <b>11 / 05 / 2016</b>		
Mailing Address 800 Conneticut Ave			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3750.00</table>		
City Norwalk	State CT	Zip Code 06854	Transaction ID : <b>SE.6861</b>		
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> <b>11 / 05 / 2016</b>		
Name of Federal Candidate LOVE, MIA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">49391.32</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Priceline.com</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> <b>11 / 05 / 2016</b>		
Mailing Address 800 Conneticut Ave			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3750.00</table>		
City Norwalk	State CT	Zip Code 06854	Transaction ID : <b>SE.6863</b>		
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> <b>11 / 05 / 2016</b>		
Name of Federal Candidate LEE, MIKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">17500.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">7500.00</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">50000.00</table>

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*Buchanan, Emily, , ,*
*[Electronically Filed]*

Date

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**11 / 04 / 2016**

Signature